

Response Under 37 CFR § 1.116
Expedited Procedure - Group 2153

In re Application of:

Docket No. 03500.014625.

MASATO OCHIAI, et al.

Examiner: A. Choudhary

Application No.: 09/612,946

Group Art Unit: 2153

Filed: July 10, 2000

Date: March 22, 2004

For: SYSTEM FOR SETTING LOCATION
 INFORMATION IN A DEVICE
 ON A NETWORK

Mail Stop AF
 COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment After Final Rejection in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 10	MINUS	** 29	= 0	x \$9 \$18	-0-
INDEP. CLAIMS	* 6	MINUS	*** 13	= 0	x \$43 \$86	-0-
Fee for Multiple Dependent claims \$145°/\$290						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						-0-

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

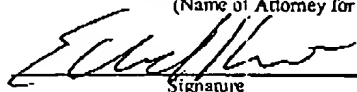
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

I hereby certify that this correspondence is being facsimile transmitted to:
 Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450
 on

March 22, 2004
 (Date of Transmission)

Edward A. Kmett (Reg. No. 42,746)
 (Name of Attorney for Applicant)


 Signature

March 22, 2004
 Date of Signature

☐ Verified Statement claiming small entity status is enclosed, if not filed previously.

☐ A check in the amount of \$ _____ is enclosed.

☐ Charge \$ _____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.

☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.

☐ A check in the amount of \$ _____ to cover the fee for a _____ month extension is enclosed.

☐ A check in the amount of \$ _____ to cover the Information Disclosure Statement fee is enclosed.

☒ Applicants' undersigned attorney may be reached in our Costa Mesa, California office by telephone at (714) 540-8700. All correspondence should continue to be directed to our address given below.

Respectfully submitted,


Attorney for Applicants

Registration No. 42,746

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Form #120

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